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## ON A MODE OF REMOVING TUMORS GROWING WITHIN THE MOUTH, ATTACHED TO THE BONES.

BY MR. WARDROP.

THERE are several distinct species of tumors, or polypi, which grow within the mouth, but the following observations apply only to those excrescences which either originate in, or are intimately connected with, the bones.

The tumors to which I allude are most commonly met with on the upper or lower jaw, at the base of the alveolar processes. They appear to be composed, externally, of several rounded masses, of a dark purple color, possessing a more or less soft, elastic feel; and adhering immovably, by a broad base, to the subjacent bone. Tumors of this description also grow from the antrum and other cavities of the nose; and, if allowed to increase, sometimes attain an enormous bulk, and ultimately destroy life.

The modes which have been usually resorted to for removing such tumors are, *extirpation with the knife*, and the *actual cautery*.

In those cases where I have employed these means, failure has generally resulted; and I have often witnessed very cruel and severe operations fruitlessly resorted to, when thus attempting to remove large tumors of this description. The history of the two following cases points out not only an effectual, and easily manageable, but a much less formidable, mode of eradicating such tumors.

CASE I.—A youth applied to me on account of a tumor situated on the lower jaw, which had displaced, and occupied the situation of, two of the incisors and canine teeth, and extended to the first molares of the left side of the lower jaw. It had a nobbed surface, was of a dark purple color, and adhered firmly to the alveoli by an extended base.

I removed this excrescence, and cut it away closely to the bone. Soon afterwards it grew again; when, besides removing the fleshy mass, a portion of the subjacent bone was taken away with a trephine. The tumor grew a third time; and dreading its progressive increase, I contemplated, as the most certain means of curing this disease, the removal of a considerable portion of the jaw.

Mr. George Young was consulted on this point. He related to me an instance of a large tumor of the same description growing from the antrum, which, after having been unsuccessfully removed with the knife, he completely eradicated by producing an exfoliation of the bone from whence it grew, by the repeated application of *kali purum*. This rational practice and Mr. Young's ingenious mode of managing it, were

immediately adopted in the case of the present youth, and with the most perfect success.

After dissecting away the tumor, the kali was rubbed over the raw surface of the base. The adjacent sound parts being carefully protected with dossils of lint, the kali was repeatedly applied to the surface, which was again and again cleared by rubbing off the dead portions after each application of the kali. This process, which occupied a considerable time, was daily repeated. Finally, the bone was laid completely bare, and in a few weeks a bone exfoliated, consisting of a thin lamella of considerable breadth.

The vacuity which remained, and which was large, from three of the teeth having been removed, rapidly granulated and cicatrized, and when I saw this patient a few years afterwards, I was astonished to find that the contiguous teeth had coalesced, filling up the deficiency in the jaw in a most extraordinary manner.

CASE II.—A gentleman, forty-five years of age, had a tumor of the upper maxilla, which completely filled up the space between the four incisors and lip, and was so large as to elevate the lip and deform the countenance. It was of a dark purple color, had a firm fleshy feel, and adhered immovably by a broad base to the subjacent bone.

I dissected back the lip, to expose the whole tumor, and then removed all that portion which the knife could reach, and afterwards freely rubbed the *kali purum* on the raw surface. The application of the kali was repeated every day for some time, and subsequently every other day. Ultimately the alveolar processes were completely exposed, and exfoliating portions of the thin external laminæ daily separated, so that in a few weeks the whole dead bone had exfoliated, and the surface which it exposed was afterwards speedily covered with granulations, which cicatrized, and left little deformity.

*Remarks.*—These cases will suffice to show the advantages to be derived from this mode of treatment, for it is evident that by the knife alone it is impossible to destroy such tumors, as they grow in situations where it is often not practicable to saw off, or otherwise remove, the diseased portions of the bone from which they grow. Nor can the actual cautery answer the intended purpose, unless by such frequent repetitions of a painful operation as few would allow.

The common lunar caustic is quite useless in such cases; as the length of time occupied by the formation and separation of an eschar renders it too inert a remedy, the growth of the tumor being more rapid than the destruction effected by the caustic; whereas the *kali purum* possesses all the advantages of the actual cautery in the rapidity of its action, and of the lunar caustic in the nicety of its application. The kali destroys the life even of skin, almost as quickly as the cautery, so that slough after slough may be produced, and a large portion of the diseased growth thus daily destroyed. Besides, it has the advantage of being applied with great precision to any particular part, by which only the diseased portion is destroyed, and the necessary quantity of bone denuded. With regard to the pain produced, this mode is decidedly preferable. The application of the kali on the tumor produces but slight uneasiness, and I have

been surprised how little a patient complains unless it touch the sound and healthy parts.

I think it also extremely probable that this practice may be beneficially adopted for the removal of tumors in other parts of the body, which are attached to bones, or for the removal of diseased bones themselves.

CASE III.—A lady had for many years a small abscess on the heel, at the bottom of which Mr. Young could feel, with a probe, a piece of carious bone. In place of resorting to a severe operation with the knife, he enlarged the sinus with the kali, and then applied it to the carious portion of the os calcis, which soon exfoliated, and the patient completely recovered.—*Lancet*.

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#### REMARKS ON CASES OF RETAINED PLACENTA.

BY T. I. CHARLTON, M.D. OF BRYAN CO., GEORGIA.

IN the southern States, parturition is generally an easy and safe process ; deformity of the pelvis is a rare occurrence, and rigidity of the soft parts, so frequently retarding and rendering labor hazardous in the north, is here not often met with, or easily remediable. I do not think I am hazarding anything in asserting, that at least one-half of the fatal terminations of the cases of parturient women are attributable to the placenta, either to its partial separation, and the consequent hæmorrhage, or to its retention in the uterus for a length of time beyond the proper period for its expulsion, and to the state of extreme prostration and fever resembling typhus which follows. This last occurrence (the subject of this paper), is infinitely rarer than the first or hæmorrhage, and can only be accounted for by the most culpable negligence in permitting the retention to exist so long ; or by the unusual circumstance of a portion of the placenta being scirrhus and firmly attached to the womb. Having met with cases of this kind, in which the retention had existed from three to six days before I saw them, and having had to treat them more from inference and analogy than from any specific method I could find in books, I have thought it might not be altogether useless to give the history of the cases and the mode of treatment adopted.

Jeanette, a colored woman, had miscarried four days before I saw her ; the child was of the seventh month, and had died within an hour after birth ; the midwife had attempted to bring down the placenta by pulling at the cord, which she ruptured ; she had also made frequent attempts to detach it from the womb, but said she had found it impossible to accomplish this, the adhesion being so firm as to render it probable that a persistence in the attempt would have inverted the uterus. There had been but little flooding, and the womb had contracted (according to her statement) around the after-birth, but not sufficiently so as to make this a cause of retention.

On the fifth day I saw her ; her pulse was 120 ; she had great heat, oppression, headache, coma, and in fine, all the symptoms which characterize typhous fever, so called ; the fetor from copious discharges of a green water from the uterus was very great ; the tenderness of the soft

parts made an examination very painful ; on making it, I found a portion of the placenta attached to the fundus uteri, which I brought away ; it was highly offensive, and more than ordinarily compact in structure ; the other contents of the womb were a semifluid substance, which was no doubt the remaining placenta in a putrescent condition ; I brought away a part of this, but as the effort was attended with great agony from the inflamed state of the vagina and uterus, I did not think that a persistence in the attempt to bring away all the contents of the womb would be advisable. I had in Dewees's *Midwifery* met with descriptions of such cases, in which he says that the prognosis is very unfavorable, but recommends as a palliative for the local symptoms the use of injections of chamomile tea, with a little quicklime slacked in it. I was led, by seeing the powerful antiseptic effects of the chloride of lime in other diseases, to infer that it might be useful in this instance. I accordingly directed an injection of a weak solution of it to be thrown into the vagina every hour, at the same time small doses of the acetate of ammonia were given every hour, and the free use of gum water and lemonade directed. I did not employ the bark, wine, or any other stimulant or tonic commonly recommended in similar cases, for the reason that I had never seen typhous fever benefited by these remedies, and the constitutional affection in this instance I deemed to be exactly the same with that which is usually called typhus, that is, a gastritis either primarily occurring, or superinduced. In this case the inflammation of the organs of generation, the pain, the mental excitement, were amply sufficient to have produced a sympathetic gastritis. I am borne out in this supposition by the following proposition of Broussais. "Intense irritations of all organs are constantly transmitted to the stomach from their very commencement. If the irritation received by the stomach attains to the degree of inflammation, symptoms of gastritis appear, and as the brain is always then more irritated, it develops in a higher degree the sympathies which are proper to it, and may even become inflamed."

In this case there were all the symptoms that occur in primary gastritis—the dark tongue, the muscular debility, the depression, the coma, were all present. I treated it as a gastritis—I withheld all stimulants, except the acetate of ammonia, which is the most transient one, and which I have found to be the only one I could safely use in cases of united inflammation and debility : I gave demulcent and acidulated drinks plentifully, and blistered the extremities. The chlorine injection, by correcting the fœtor, rendered the patient's situation much more comfortable ; the fever also diminished considerably in twenty-four hours after the adoption of the constitutional remedies ; the pulse became fuller and slower ; the coma disappeared, and in fine, all the symptoms I attributed to the gastritis yielded to the remedies administered for that disease. The soreness of the vagina, &c. was relieved by mucilaginous injections ; the discharges from the uterus continued for about a week, at the end of which time all its contents had been discharged, and the lochia were not immoderate.

In a similar case of a young married woman, where the local and general symptoms were even more aggravated by a retention of a week's duration, the same plan of treatment succeeded.

At the time when these cases occurred, I had not read Broussais's Pathology, in which the above quoted proposition is contained, id est, that irritation of any other organ can produce gastritis ; but I was familiar with his other works, and was accustomed in the treatment of all diseases to watch for the symptoms of gastric irritation, and to present further indications, for although not as yet well knowing how these symptoms had been brought on, still I had observed that there were few diseases in which they did not appear first or last, and I had always found that the disease was diminished or aggravated in proportion to their intensity.

*American Journal of the Medical Sciences.*

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#### APOPLEXY FROM EXCESSIVE REPLETION OF THE STOMACH.

BY E. GEDDINGS, M.D.

A COLORED woman, aged about 50, somewhat corpulent, and the mother of several children, after a hearty meal of animal food, peas and rice, tumbled down in a state of insensibility, and immediately expired. I was requested by a medical friend, who had been called to see the case, to make a post-mortem examination. As soon as the cranium was opened, a considerable collection of blood was discovered about the base of the brain, much of which was still in a fluid condition. When the organ was removed from its cavity, a large coagulum was found occupying the fissure of sylvius, and extending for some distance into the corpus striatum. There was likewise considerable extravasation within the corresponding lateral ventricle. The arteries of the brain were rigid, much dilated, and studded over with numerous points of ossification. The extravasation had taken place in consequence of a rupture of their tunics.

We next proceeded to examine the stomach ; and here we had fully revealed the source of the mischief inflicted upon the brain. This organ was impacted with peas, rice, hominy, and other articles of the individual's repast, to a degree to which it would scarcely be possible to believe could be borne without extreme suffering, and an extensive embarrassment of the functions of the whole of the associated organs. Its condition was such as to encroach upon the intestines, compress the aorta, and the vessels given off by it in the epigastric region, press upon the plexus of nerves behind the stomach, and finally force up the diaphragm upon the lungs, so as to interrupt their play, and thus embarrass the function of respiration, thereby interrupting the passage of the blood through them, and consequently impeding its return from the head. Being thus confined on the one hand to the vessels of the brain, by these causes, and driven upon it, on the other, by the pressure sustained by the aorta, which prevented the distribution of the usual quantity of blood to the lower part of the body, it is not to be wondered, when the fragile state of the tunics of the cerebral arteries is considered, that they should have been unable to sustain the onus suddenly thrown upon them, and that they gave way under its influence.—*North American Archives.*

## CONSUMPTION.

[Communicated for the Boston Medical and Surgical Journal.]

PERHAPS there is no disease, if we take into consideration the frequency of its mortality, the extensiveness of its ravages, and its peculiar disposition to fix upon the fairest and most amiable of mankind, which ought to engage the attention and draw forth the energies of the physician to so great a degree as CONSUMPTION; and should any suggestion be offered to limit its destructiveness, it ought to be received by the *medical public* with some attention, even if it wears the garb of homeliness. The pen of the critic, in such cases, ought to be curbed by the consideration that most of our useful remedies were first recommended by the ignorant quack, or discovered by the unlettered savage. But when we find that *nature* sometimes effects, what science or skill has failed to accomplish, any explanation regarding her method of cure, or attempt to base a treatment on the principles which she follows in similar cases, deserves our serious attention.

A knowledge of the peculiar texture of the lungs; the activity of their organic, as well as their *functional circulation*; and the constancy, as well as the extensiveness of their motions, will make it obvious why diseases of the lungs are more difficult to cure than diseases of most other organs—and could we remove or change for a term those obstacles to the treatment, we should at least reduce the mortality from a certainty, to that of a probability. The lungs may be considered as bundles of vessels united loosely together with cellular tissue; and those acquainted with ulceration on the external parts of the body, know that its progress is generally in proportion to the *luxury* of the part affected—and the benefit arising from bandages, is principally derived from the artificial firmness which they maintain. But as the expansions of the lungs tend to enlarge their cellular structure, it is not surprising that ulceration, once commenced, should so often continue until vitality ceases; and that although our most sanguine expectations have been flattered by the high recommendations of pretended specifics, yet to this day the efforts of the profession to erase consumption from the long catalogue of the *opprobria medicorum*, have been unsuccessful.

Rest will be allowed to be one of our best remedial measures, and always indispensable when reunion of a part is to be effected. Who would think of curing laryngitis, if the patient continually spoke or sung? or inflammation of the stomach, if gluttony was persisted in? But in these, as well as in almost all internal organic diseases, *nature* endeavors to enable the organ diseased to remain at rest, by suspending for a time its function, or establishing by some other organ a vicarious action. But the lungs have no substitute, neither can their function be suspended even for a few minutes without producing death, as we see in cases of strangulation. However, the lungs are a double organ, each being capable of performing its function independently of the other. This assumption will be supported by the observations of those who frequent dissecting rooms, or by the respectable accounts which reach us through

the different periodicals, and indeed may be often witnessed among the cases that occur in a moderate field of practice.

If the preceding observations and deductions are correct, will we not be justified to suspend the action of a diseased lung, by puncturing the chest, under the following restrictions :—When the disease is confined to one lung ; when *pleuritis* is not present ; when there is still remaining *stamina* sufficient to enable the system to recover.

There is a risk attending the administration of our best remedies, that a new disease may be produced by their operation. This is so generally and necessarily true, that the *practice* of medicine might be defined to be the *art of substituting one disease for another*. Therefore the puncturing of the chest, and the exposure of the pleura to the air, would not be greater than what we frequently feel justified to subject our patients to, in the treatment of many diseases. We should undoubtedly meet with opposition from public prejudices, in employing this remedial measure in time to insure success ; but if once practised successfully, in one or two instances, by those whose reputation is above the reach of public prejudice, it would unquestionably become popular ; and here allow me to remark, that the profession has a right, and ought to expect, that those who are thus situated will use their best endeavors to introduce into practice any plausible principle of treatment, even if it be not suggested by themselves.

Another great difficulty would be to determine when the disease was only confined to one lung ; but if the excellent diagnostic principles of Laennec be studied, and deliberately followed, there would be as few mistakes as generally occur in determining the seats of diseases.

These reflections originated in the writer's mind two years ago ; and have been lately revived by seeing a young girl in perfect health, who was at that time his patient, and the outlines of whose case he will now endeavor to relate.

Miss Olive Tucker, aged about 9 years, was attacked with inflammation of the lungs, during the autumn of 1832. After having been treated by the usual depleting, antimonial and counter-irritating remedies, the acute symptoms subsided, but the cough, with some febrile excitement, continued, for which a great variety of remedies were prescribed ; and although they produced temporary benefit, yet symptoms of confirmed phthisis became established—such as dyspnoea, expectoration of pus, night sweats, a frequent and small pulse, and hectic exacerbations of fever. About four months after these symptoms began to appear, a swelling was noticed near the upper part of the sternum, between the first and second rib, on the left side, which gradually increased, and at the expiration of a month from its first appearance an evident fluctuation was felt. As the swelling increased in size, the breathing became more laborious, so that frequently the child's life was in danger from suffocation. The operation for empyema was frequently recommended, but was opposed by the fears and tenderness of the mother, on account of the temporary relief which was only expected to result from it. But as the danger from suffocation became more urgent, her consent was granted ; and there immediately followed the lancet a stream of pus *mixed with air*. Immediate relief was obtained, and eight days after the operation the dis-

charge ceased, although the *incision remained open* ; and by frequent examinations by *auscultation*, it was found that the lung during inspiration was not inflated. An improvement, however, became perceptible ; and by the use of tonics, and nourishing diet, she soon was enabled to walk about the room.

At this stage of her disease, I left off attending. The parents of the girl inform me that her improvement continued, and that the “*sore*” healed a few weeks after I absented myself. I find that the lung now is as impervious to air as the other, and that she enjoys as good health as she did before the attack of lung fever.

The support which this case affords to the preceding reflections is so obvious, that I consider any further remarks unnecessary ; but will only express a hope, that the foregoing observations and case will tend to remove that apathy which results from the general opinion that consumption is necessarily a fatal disease.

D. McR.

*Bangor, Me. January 23, 1835.*

#### MEDICAL REFLECTIONS.—NO. III.

[Communicated for the Boston Medical and Surgical Journal.]

##### ON MEDICAL EXPERIENCE.

WHAT is Medical Experience ? This is a question which if properly answered might serve to throw some light on that loose and vague term which is daily so much abused. How often do we hear the expression among the people that *Doctor A.* and *Doctor B.* (who are truly and literally quacks) are “*men of experience* ;” “*that they have been in practice long*, and are, therefore, well qualified in the art of healing !” I am sorry to say that in the profession, some toleration is given to such opinions. There is an impression, vague indeed, on the public mind, that the art of healing is learned, almost exclusively, by each one’s individual experience. This matter, I fear, has not been duly considered, either in or out of the profession. There is no one who attaches more importance to medical experience than I do ; but still I attach great importance to the due understanding of terms. Medical experience is of two kinds ; viz. general or collective experience, and particular or individual experience. The former is the experience of all the great and talented physicians who have gone before us, and of some living ones also ; and which is recorded in the books, and has now become the common property of all physicians who have talents and industry sufficient to enable them to avail themselves of so large a mass of valuable knowledge. The latter is the experience of each individual practitioner. Medicine is a science, the practical and most valuable part of which is made up of a collection of facts ; these facts have been gradually accumulating for some thousands of years, and seem now, in the present rapid state of improvement, to be advancing with a firm step in a geometrical ratio. Our science is like the growth of vegetables and animals, tardy in the germ or first advances, but rapid when approaching that perfection of which they are susceptible. It must still be acknowledged that the



science is imperfect, and forever will be so, in some degree, otherwise man would cease to be mortal. How absurd, how ridiculous is it, then, for a man to set up his individual experience against that of thousands as much favored as himself! The age of one man, if he should reach his three score years and ten, or could it be prolonged to a century, is but a span; and though he may observe many facts, which might be termed *his* experience, yet when compared with his predecessors' of the whole world besides, it is but a drop in the ocean. Still it is boldly asserted that medical knowledge is a gift, or comes by individual experience.

That man who places his hopes on his own experience alone, too vain and arrogant, too presumptuous, (and if I could indulge in the epithet) too lazy to profit by the experience of others, when let loose upon the world to practise physic, is as dangerous as a madman with a drawn sword in the midst of helpless women and children. GAMMA.

January 22, 1835.

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#### ARTIFICIAL MUSK.

BY STEPHEN W. WILLIAMS, M.D. LATE PROFESSOR OF MEDICAL JURISPRUDENCE  
IN THE BERKSHIRE MED. INSTITUTION, ETC.

[Communicated for the Boston Medical and Surgical Journal.]

THERE is some reason to fear that this valuable medicine will come into disuse from the difficulty of procuring the genuine oil of amber, one of the ingredients of which it is prepared. I have frequently sent for it, of late, to the markets of Boston and New York, but have not been able to procure any from which the article could be prepared.

Professor Hufeland, of Jena, a name well known in the medical world, directed the attention of medical practitioners to the Artificial Musk, as a most valuable remedy in whooping cough, in the year 1798 or 1799. It seems it was invented by the celebrated chemist Marggraf, many years ago, and was highly approved by the great authorities of Van Swieten and Stoeller; but previous to the year 1798 it was not much used by physicians either in Great Britain or the United States. The medicine is cheap in comparison with the genuine musk, and, if the oil of amber and nitric acid are good, the article is easily procured. I have been in the habit of preparing it according to the following approved method, taken from the 1st Volume of the London Medical and Physical Journal, and, until lately, without difficulty.

"Three drachms and a half of concentrated nitric acid are gradually dropped on one drachm of rectified oil of amber, which is previously poured into a glass tumbler, or a very large wineglass. When the mixture is agitated it grows hot, and emits offensive fumes, against the inhalation of which the operator must be on his guard." As the nitric acid of the shops is not generally strong enough, or concentrated, I usually, after mixing the ingredients, set the tumbler on an earthen plate, and place it before a fire upon the hearth, until it becomes hot, continually stirring it with a glass rod; when the mixture becomes hot, the ebullition is instantaneous. The reason for using the plate is for the purpose of

saving what is thrown over the top of the glass. After having stood twenty-four hours, the compound acquires a resinous appearance ; at the bottom of it will be found a fluid of an acid nature, but on the top a yellow resin, resembling musk in its smell. This resin must be repeatedly washed, first in cold, then in hot water, until the acid taste is completely removed. Thus we obtain a substance which is equal in flavor, as well as in its medicinal properties, to the genuine natural musk, which is perfectly soluble in spirits of wine, which, like other resins, can be precipitated by water, and which always retains the scent acquired by this simple chemical process. Two drachms of this resinous extract are dissolved in eight ounces of alcohol, or rectified spirit, which forms the tincture of artificial musk, which is the only preparation of it that I use. Berzelius prepares it by adding, drop by drop, three parts of fuming nitric acid to one of unrectified oil of amber.

According to the experience of Dr. Hufeland, the artificial musk has been found of great service in whooping cough, and in all kinds of nervous diseases. He thinks that the nitric acid might lead us *a priori* to conclude their uncommon efficacy in nervous and spasmodic affections. As this substance is of a waxy consistence, he thinks it most conveniently administered in the form of emulsions. For this purpose from ten to twelve grains are triturated in a mortar with a few almonds, and diluted with five or six ounces of water. Of this mixture, two teaspoonsful are given to a child from one to two years of age, and in a rising proportion to older children. Many patients have received a cure from the use of this remedy, and a few occasional emetics, without the aid of any other medicine. It generally produced a sudorific effect, while it obviously diminished and alleviated the fits of coughing ; and not unfrequently it was attended with eruptions, which, in many instances, assumed the form of the true nettle rash, and by this favorable crisis soon terminated the disease. Dr. O. W. Bartley, of Bradford, England, has been equally successful in the cure of whooping cough by the tincture, ten or a dozen drops of which are given at a dose, to a child eight or ten years of age, every three or four hours. In a case of diabetes mellitus which occurred in an elderly man, its administration was attended with singular advantage, when all other approved remedies had failed. He gave it in doses of twenty-five drops, three times a day.

In my own practice I have used it successfully in whooping cough, in the low stages of fever, in hysteria and convulsions, in all nervous affections, nervous palpitation of the heart, and in the declining stage of all inflammatory diseases. As a tonic stimulant, I administer it in fevers long before I dare adventure upon quinine or any other preparation of bark. Combined with aqua ammonia, compound spirits of lavender, or laudanum, according to circumstances, I have found no medicine equal to it in those cases of sinking faintness which so often attend the decline of life in pulmonary consumption, attended with distressing dyspnoea, and violent palpitation of the heart. In these cases I think it altogether preferable to the carbonate of ammonia, so often resorted to in these affections. In the practice of a judicious physician, cases are continually occurring in which the administration of it might be attended with the most beneficial effects. I might fill a volume with remarks upon cases

in which I have employed it with advantage. In fact, there is scarcely an article of the *Materia Medica* which I so freely, or frequently use, as this. I am happy to see that within a few years it has been introduced into our *Pharmacopœias* and *Dispensatories*. The medium dose is twenty-five drops.

It is particularly for the purpose of inviting the attention of my professional brethren, and especially of druggists, to the subject of the adulteration of the oil of amber, that I make these remarks. The oil of amber which I have hitherto employed, and with which I have been successful in preparing the genuine artificial musk, was of a light straw color, as thick as molasses, and nearly semi-transparent. This, I am aware, is not the highly rectified oil of amber; it may be the unrectified oil of Berzelius, but he should have made a distinction between this and the black, empyreumatic, thick oil, the product of the first distillation, which will not make genuine artificial musk, and is fit only for external application. Neither will the genuine rectified oil of amber, which is colorless, as fluid as alcohol, and of the specific gravity of 0.758, make it, as there is not enough consistence in it.

According to the *Eclectic*, and almost all other *Dispensatories*, "the oil of amber, as procured by the distillation of amber, is of a dark color, a thick consistence, and has a very foetid odor; but by successive distillations it is rendered thinner, of a lighter color, and at length it is obtained nearly limpid." It is the product of the second or third distillation which constitutes the oil proper to be used in the preparation of artificial musk. According to Bache, in the 4th No. of the *Cyclopedia of Practical Medicine*, now publishing in Philadelphia, "rectified oil of amber, when perfectly pure, is colorless, as fluid as alcohol, and of the specific gravity of 0.758. As it usually exists in the shops, however, it has a light yellowish brown color. It has a strong peculiar odor, and a hot acrid taste. It is insoluble in water, soluble to a certain extent in diluted alcohol, and in all cases in anhydrous alcohol. By exposure to light it slowly changes in color and consistence, and becomes at last black and solid. When dissolved in 24 parts of alcohol of 0.83, and the solution mixed with 96 parts of water of ammonia of 0.916, the oil is disengaged, but held in suspension so as to form a milky fluid having a modified odor of ammonia, called *eau de luce*, or *aqua lucia*, sometimes employed as an excitant in fainting." (Berzelius.)

*Deerfield, Mass. January 19, 1835.*

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## BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, FEBRUARY 11, 1835.

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### WHOLESOME WATER.

BESIDE food, there is no blessing of higher value, so far as our physical well-being is concerned, than wholesome, potable water. In the country, where the fountains are comparatively pure, no adequate conception can

be formed of the immense advantage, in point of health and certainly comfort, which the inhabitants possess over those who are compelled to use the deteriorated, turbid, lifeless water of a city. It actually becomes necessary to suffer, in this case, in order to understand the condition of seventy thousand people, who cannot subsist without this indispensable fluid, but which, from the very nature of things, unless brought from a considerable distance in the interior, even in the very best regulated city in the world, must be exceedingly impure, and therefore injurious to the public health.

Boston is compactly settled—which would seem to be a sufficient reason for introducing water from some place in its environs, if a partial supply only were procured; for it would be humane to make a part comfortable, in this respect, if it were found impossible to supply the whole. It is utterly useless for any one to pretend that the native water of Boston is yielded in sufficient abundance for the entire wants of the inhabitants; and to maintain that the quality is good, would be a positive indication of insanity. It is not only notoriously bad in many parts of the city, but the annual increase of population has a direct tendency to make it worse and worse.

Great, however, as would be the advantages arising from the proposed plan of bringing water to the city, under the auspices of an enlightened Mayor, whose sole ambition seems to be to benefit the people, there is not much hope that the scheme will be accomplished before the expiration of another century. If it devolved on the physicians to declare the expediency or inexpediency of the measure, there is no doubt which way the question would be decided. But those who have a controlling influence in this important business seem to pay very little regard to the opinions of those whose professional acquirements have best qualified them to decide upon what is of consequence to the public health.

Knowing, as we do, from a careful series of observations and experiments, that the water of Boston is at best of an inferior quality, and continually becoming more unwholesome by the wash of streets, and infiltrations from stables, sewers, &c. which no system of cleanliness can ever obviate, we feel a strong desire to discover some energetic movements on the part of this intelligent and enterprising community, in order that, if possible, in our own day the prospect may yet brighten with the expectation of being furnished, in this metropolis of New England, with a simple glass of GOOD WATER.

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#### NEW METHOD OF PREPARING CREOSOTE.

BY M. CALDERINI, APOTHECARY AT MILAN.

THE essential oil obtained by the destructive distillation of wood is to be put into an iron vessel, and exposed to a gentle heat. The vessel is then to be taken from the fire, and slacked and sifted lime to be poured into it little by little, and with continual agitation, until the effervescence ceases, and the mixture becomes a hard mass, which is to be allowed to cool, and then powdered. A cast-iron retort is to be two-thirds filled with this powder, and placed in a reverberatory furnace. A receiver is to be fitted to the retort at the moment when the white vapors which first come over become yellowish. The distilled liquid is to be placed in a filter of paper moistened with water, to permit only the aqueous part to pass, and the oil left is to be washed with pure water which is to be allowed to filter. The

oil thus washed is to be placed in an iron vessel and *aqua potassæ* of sp. gr. 1.125 is to be added in the proportion of three parts to two of the oil. The mixture is then to be boiled for a moment with a gentle heat, after which it is to be taken from the fire, allowed to cool, filtered and mixed with dilute sulphuric acid, till it becomes slightly acid. The mixture is then to be left at rest, and an oily matter will be found floating on the top, which is impure creosote. This is to be collected, washed on a filter, put into a glass retort, placed in a sand-bath, and distilled. The first portion is to be laid aside, and what comes over afterwards of a pale yellow color, when heat is added, is creosote. The distillation is to be stopped when the drops become of a deeper color. If the distilled creosote be not sufficiently pure, it is to be dissolved anew in the *aqua potassæ*, and treated as before, always rejecting the first and last parts that come over on distillation, and this process is to be repeated until it becomes perfectly pure. When the creosote is obtained pure, it is to be kept in well-stopped bottles. It is known to be pure when it is colorless, transparent, of specific gravity 1.037, and possessed of great refrangibility. If a drop be placed in contact with the white of an egg, it is suddenly coagulated. If it be dissolved in a small quantity of *aqua potassæ*, the solution, when heated in contact with the air, does not assume a brown color, as happens when the creosote is impure, but becomes slightly reddish.

*Edin. Med. and Surg. Journ.—U. S. Med. and Surg. Journal.*

*Ligature of the Internal Iliac Artery.*—It gives us pleasure to say that this difficult and rare operation has within a short time been performed by Professor Mott, of New York, for a gluteal aneurism. The patient has thus far done well, and twenty-six days have now elapsed since the date of the operation. This vessel, as is known to our readers, has been five times before included in a ligature; successfully by Dr. Stevens of Santa Cruz, by a surgeon in the Russian army, and by Dr. S. P. White of New York: unsuccessfully by a Mr. Atkinson, of York, England, and by Mr. Thompson of Barbadoes. Dr. Mott's case is thus the sixth on record; and we hope to be enabled to lay the details of it before the profession, in a future number.—*Ibid.*

*Absence of the External Ear.*—A remarkable case of the absence of the external ear, and obliteration of the meatus auditorius, without injuring the sense of hearing, has lately been noticed in Germany, in a boy aged eighteen months. Instead of the right ear, there are three cutaneous protuberances, which do not contain any cartilaginous substance, and on the left side one of a similar nature is found. The external meatus is either entirely wanting, or at least quite closed by the common skin. It is doubtful whether the child hears by means of the eustachian tube, or by the cutis performing the functions of the membrana tympani.

*Graefe and Walther's Chirurg. Journal.—Ibid.*

*Climate of England.*—The mortality of great Britain, its cities and its hospitals, is greatly inferior to that of any other country in Europe; it is also incontestible that "Great Britain is the most healthy country with which we are acquainted," and that it has been gradually tending to that point for the last fifty years. This superior value of life in Great Britain

is not confined to any particular districts or classes of individuals. To whatever point we turn our view, the advantage is still the same ; the man of affluence, the pauper-patient of the hospital, the sailor and the soldier on active service, the prisoner of war, the inmate of a jail, all enjoy a better tenure of existence from this country than from any other of which we have been able to consult the records. It has been long the fashion, both abroad and at home, to exhaust every variety of reproach on the climate of our country, and particularly on the atmosphere of London ; and yet we shall find that the most famed spots in Europe, the places which have been long selected as the resort of invalids, and the fountains of health, are far more fatal to life than even this great metropolis. The annual report of deaths at Montpelier was greater thirty years ago, and is greater at present, than in London.

*Dr. Hawkins's Elements of Medical Statistics.*

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*Ravages of the Smallpox in Mexico.*—Humboldt gives some interesting details of the epidemics of Mexico. The smallpox was introduced in 1520, and seems to exert its power at periods of 17 or 18 years. It appears the discovery of Dr. Jenner had long been known to the country people among the Andes of Peru. The vaccine method was introduced in various parts of Mexico and South America at the commencement of the present century. A negro slave, who had been inoculated for the smallpox, showed no symptom of the disease, and when the practitioners were about to repeat the operation, told them he was certain he should never take it ; for when milking cows in the mountains, he had been affected with cutaneous eruptions, caused, as the herdsmen said, by the contact of pustules sometimes found in the udders.

In 1763 and 1779 the smallpox committed dreadful ravages, having carried off during the latter year more than 9000 persons in the capital alone. In 1797 it was less destructive, in consequence of the increase of inoculation.

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*Teaching the Dumb to Speak.*—A paragraph has been going the rounds of the newspapers, announcing as an astonishing novelty, that the Abbe Janet, of Normandy, "has succeeded in teaching a person to speak who has been deaf from his nativity." The novelty is now of 350 years standing. Pedro Ponce instructed four deaf mutes in Spain to write and speak in 1570, and John Bonet published the method in 1620. In 1659, Drs. Holder and Wallace succeeded in the same difficult task in England ; and it has ever since been a regular branch of instruction in that country. The tones of the voice in such persons have always been "singular," and generally "unpleasant."—*Annals of Education.*

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*New Medical Work.*—Messrs. Carey, Lea & Blanchard, of Philadelphia, have just published "A Treatise on the Influence of Air and locality ; Change of Air and Climate ; Seasons ; Food ; Clothing ; Bathing ; Exercise ; Sleep ; Corporeal and Intellectual Pursuits, &c. &c. on Human Health ; constituting Elements of Hygiene. By Robley Dunglison, M.D. Professor of Materia Medica, Therapeutics, Medical Jurisprudence and Hygiene in the University of Maryland."

*North American Archives of Medical and Surgical Science.*

## Record of Meteorological Observations for January, 1835.

1835 January	THERMOMETER.			BAROMETER.			Appearance of the Atmosphere	Wind	Rain	Memoranda, &c.
	Min.	Max.	Mean	Min.	Max.	Mean				
Thur. 1	10.00	17.50	13.75	29.80	30.00	29.900	Fair	N W		
Frid. 2	12.00	25.00	18.50	29.85	30.00	29.925	Cir. c. strat.	W	.50	Snow last n. & this m.
Satur. 3	5.00	8.50	5.75	30.08	30.30	30.190	Fair	N W		Ther. -2° at 9h 30' a.
Sun. 4	-8.00	7.00	-0.50	30.33	30.35	30.340	"	"		Th. -1° at 9h a. Harbor [closed]
Mon. 5	-5.00	18.00	6.50	30.18	30.30	30.240	"	W		
Tues. 6	9.50	4.00	4.75	30.20	30.20	30.200	Cir. c. strat.	N E	.30	Sn. m. NW & cu <sup>1</sup> a.
Wed. 7	-4.00	9.00	2.50	30.15	30.20	30.175	Fair	N W		[Th. 0 at 7h a.
Thur. 8	2.50	22.50	12.50	30.15	30.15	30.150	"	"		
Frid. 9	7.50	22.00	14.75	30.20	30.30	30.250	"	N		
Satur. 10	8.00	28.00	18.00	30.30	30.32	30.310	"	N W		
Sun. 11	17.00	32.00	24.50	30.22	30.30	30.260	"	"		
Mon. 12	15.00	37.00	26.00	30.05	30.20	30.125	Cirrus	S		
Tues. 13	19.00	43.00	31.00	29.94	30.00	29.970	Cirro stratus	S W		
Wed. 14	26.00	37.50	31.75	29.60	29.94	29.770	Cir. c. strat.	S E	.28	● Rain
Thur. 15	33.00	45.00	39.00	29.75	29.88	29.815	Cirrus	E		
Frid. 16	32.00	44.00	38.00	29.40	29.60	29.500	Cir. c. strat.	S W	.40	Rain and hail last night
Satur. 17	34.00	40.50	37.25	29.75	29.96	29.855	Cumulus	N W		Harbor open
Sun. 18	28.00	35.00	31.50	29.96	30.02	29.990	Cirrus	W		Stratus, m.
Mon. 19	18.00	33.00	25.50	30.02	30.08	30.050	"	S		
Tues. 20	22.00	39.00	30.50	29.82	29.95	29.885	Cumulus	N W	.01	Snow and cirro c. strat.
Wed. 21	21.00	34.50	27.75	29.60	29.98	29.790	Cir. c. strat.	S E	.32	☾ Slight sn. m. Rain
Thur. 22	31.00	40.00	35.50	29.20	29.60	29.400	Cumulus	N W		[during the night
Frid. 23	28.00	46.00	37.00	29.60	30.00	29.800	"	"		
Satur. 24	27.50	31.50	28.25	30.12	30.40	30.260	Cumuli	"		Ther. 25° at 9h 30' a.
Sun. 25	25.00	33.50	29.50	29.95	30.40	30.175	Cir. c. strat.	S E	.60	Th. 40 at 9h a. R. at n't
Mon. 26	44.00	52.00	45.00	29.58	29.70	29.640	Stratus	S W	.10	Th. 38 at 9h a. R. at n't
Tues. 27	35.50	47.00	41.25	29.60	29.85	29.725	Cumuli	W		Stratus, m.
Wed. 28	31.50	38.00	34.75	29.60	29.80	29.700	Stratus	N W	.20	○ Rain and SW m.
Thur. 29	31.00	38.00	34.50	30.10	30.26	30.180	Cirri	"		[56° during night
Frid. 30	29.00	35.00	32.00	29.75	30.25	30.000	Cir. c. strat.	S E	.40	Rain, & at n't SW Th.
Satur. 31	48.00	52.00	50.00	29.15	29.32	29.235	Cumulus	S W	.50	Nim. r'n, hail, c.c.s. m.
Aggreg.	29.09	32.09	26.225	29.87	30.05	29.9614	Fair	N W	3.61	

RESULT.—Mean temperature, 26.225. Maximum, 31st, wind SW, 52.00. Minimum, 4th, wind NW, -8.00. Greatest daily variation, 13th, wind SW, 24.00. Least daily variation, 3d, wind NW, 3.50. Range of thermometer for the month, 60.00. Decrease of mean temperature from December, 1.484. Prevailing atmosphere, Fair.—Mean atmospheric pressure, 29.9614. Maximum, 24th, wind NW, 30.40. Minimum, 31st, wind SW, 29.15. Greatest daily variation, 30th, wind SE, 0.50. Least daily variation, 6th and 8th, wind NE and NW, 0.00. Range of barometer, 1.25. Decrease of atmospheric pressure from December, 00.0010. Prevailing wind, NW. Rain, &c. 3.61 inches.

Comparative with January, 1834.—Mean temperature, 24.516. Maximum, 52.50. Minimum, 2.00. Rain, 1.10 inches. Prevailing atmosphere, cirro-cumulo-stratus, cloudy. Prevailing wind, NW.

Fort Independence, Boston, February 1, 1835.

B.

**Vaccination in Burmah.**—Dr. Fansher, well known in this country for his untiring efforts to disseminate the blessings of vaccination, is now making preparations to extend his philanthropic operations into the Burman empire. He has been excited to this very benevolent work, in consequence of hearing of the extensive ravages, made by the smallpox, in that unhappy country, the last season.

**Institution for the Blind.**—The number of pupils now in the Boston asylum is 42, of whom 23 are charity scholars. They are instructed in vocal and instrumental music, spelling, reading, writing, mathematics, &c., and some are occupied a part of the time in the manufacture of useful articles, such as mattresses, mats and baskets.

**Medical Convention of Ohio.**—Several physicians of the State, upwards of seventy in number, met in Convention at Columbus, on the 5th Jan. Many subjects of general interest and benevolence were acted upon. Much good feeling and harmony prevailed—and after a session of three days the Convention adjourned, to meet at the same place, on the first day of January, 1838.—*Western Medical Gazette.*

*A new Nostrum.*—A new article, calculated, by its puffed virtues, to be liberally purchased, called the *Specific Extract for Gonorrhœa*, is beginning to be manufactured in great abundance abroad, and may be shortly expected this side of the Atlantic, the best market on earth for quack medicines. It consists of nothing but *balsam of copaiba, opium* and molasses, boiled down to a fluid extract consistence, and perfumed with some finely-flavored essential oil.

*Infantile Development.*—In Palermo there is a child, three years old, 4 1-2 feet (French measure) in height, well formed and vigorous. Discoveries of great interest in pathology are intimated to have been made through its means, by the physicians of that city.

*Copland's Medical Dictionary.*—We perceive by the late English journals, that Part III. of this work is just published in London, and that the remainder of the Dictionary may soon be expected. We are informed that the numerous subscribers in this country will be furnished with the remaining Parts with all reasonable despatch, after their arrival.

THE commencement of a new series of the Journal, proposed in August last, it has been thought advisable to defer for the present. The Title-page and Index to Vol. XI. will be sent to subscribers in the next or the succeeding number.

DIED.—At Torrington, Ct. Samuel Woodward, M.D. 84.—At Charleston, S. C. Dr. Edmund Thomas Waring, 56.—At St. Louis, Mo. Dr. John M. Thomas, U. S. A., late of the city of Washington.—At Rodney, Mi. Dr. N. L. Bouldin, 43, formerly of Delaware.—At Lancashire, Eng. Rowland Detroisier, an eminent lecturer, who directed his remains to be devoted to purposes of science.

Whole number of deaths in Boston for the week ending Feb. 7, 32. Males, 17—Females, 15.

Of consumption, 4—fits, 4—inflammation of the lungs, 1—lung fever, 6—old age, 2—scrofula, 1—infantile, 2—dropsy, 1—inflammation of the bowels, 1—accidental, 1—liver complaint, 1—croup, 1—intemperance, 3—pleurisy, 1—scarlet fever, 1—dysentery, 1—erysipelas, 1.

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Boston, February 4, 1835.

epf.

### ADVERTISEMENT.

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February 11, 1835.

ELISHA NORTH, M.D. of New London (Conn.)

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Boston, January, 1835.

(Jan. 6—tf.)

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